



BACKFLOW PREVENTION SURVEY

TO BE COMPLETED BY CERTIFIED TESTER

CITY OF SARNIA

FACILITY/CUSTOMER INFORMATION

Date of survey: (mm/dd/yy) _____

If your property or building has more than one business located on it, this survey must be completed for each business located on the property.

| | | | |
|---|---|---|------------------|
| 1 | Facility or business name: | | |
| 2 | Facility or business address: | Street #/Street: | |
| | | City: | Postal Code: |
| | | Phone number: | |
| | | Type of facility: Please circle one Industrial Commercial Institutional Residential Agricultural | |
| | | Specific Type of Facility: _____ | |
| 3 | Property Owner's Information: | Name: | Street #/Street: |
| | | City: | Postal Code: |
| | | Phone number: | |
| 4 | Contact person if different than owner: | Phone number: | |
| | | | |
| 5 | ***Property Type based on Schedule 'A' of the Backflow Prevention Bylaw: _____ | | |

*** **Schedule 'A', Classification Guide to Degree of Hazard** can be found on the City's website, follow tab: Living Here>Water/Wastewater>Backflow Prevention Program

BACKFLOW PREVENTION SURVEY

WATER USE INFORMATION

CITY OF SARNIA

| | | |
|-----------|--|--|
| 1 | Is there more than one water service at this facility? If yes, how many? _____ Size of service connection: _____ inch Is the water service connection metered? Service Type: galvanized lead copper plastic other: _____ (circle one) | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO |
| 2 | Does the facility require non-interrupted water service? | <input type="radio"/> YES <input type="radio"/> NO |
| 3 | Does the premise use water in any manufacturing, industrial or commercial process? If yes, please specify: _____ | <input type="radio"/> YES <input type="radio"/> NO |
| 4 | Does the premise use any hazardous or toxic material or chemical in any kind of process? If yes, please specify: _____ | <input type="radio"/> YES <input type="radio"/> NO |
| 5 | Is process water used at this facility? If yes, is the process water "potable" or "non-potable"? (circle one) | <input type="radio"/> YES <input type="radio"/> NO |
| 6 | Do any hot water boilers, steam boilers, instantaneous heat exchange water heaters or steam generating facilities exist on the premises? Does the system use chemical additives? | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO |
| 7 | Does the premises have any chemical mixing devices or industrial fluid systems attached to the plumbing system? (cleaning agents, degreasers, hydraulic fluids, coolants etc.) | <input type="radio"/> YES <input type="radio"/> NO |
| 8 | Does the facility have an air conditioning cooling tower? | <input type="radio"/> YES <input type="radio"/> NO |
| 9 | Does the premises have a fire protection system? Is the fire protection system supplied by a dedicated water line? If yes, what type of fire protection system? pressurized or unpressurized (circle one) If yes, does the sprinkler system use chemical additives? What type of backflow device is being used on the fire protection system? <input type="radio"/> Double Check Valve Assembly (DCVA) <input type="radio"/> Other <input type="radio"/> Reduced Pressure (RP) <input type="radio"/> None Does the fire protection system have any outside hose connections? | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO |
| 10 | Is there a fixed lawn sprinkler system on the premises? | <input type="radio"/> YES <input type="radio"/> NO |
| 11 | Are there any auxiliary water supplies on the premises? | <input type="radio"/> YES <input type="radio"/> NO |
| 12 | Is there a booster pump attached to any portion of the plumbing system? | <input type="radio"/> YES <input type="radio"/> NO |
| 13 | Are there any buildings taller than 3 stories on the premises with water service? | <input type="radio"/> YES <input type="radio"/> NO |
| 14 | Is there any water softening equipment connected to the water service? | <input type="radio"/> YES <input type="radio"/> NO |
| 15 | Are there any solar heating systems on the premises? | <input type="radio"/> YES <input type="radio"/> NO |
| 16 | Is there any potentially contaminated or sewer connected equipment on the premises such as aspirators, cuspidors, autoclaves, specimen tanks, sterilizers, laboratory or mortuary/autopsy equipment? | <input type="radio"/> YES <input type="radio"/> NO |
| 17 | Are there as-built drawings providing detailed piping? If yes, are they correct? If no, complete page 4 with a sketch of service and potential cross-connections. Depending on the complexity of the facility you may have more than one page of sketches. (drawings or a sketch must be submitted) | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO |

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WATER SERVICE INFORMATION

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1 Is there a backflow prevention device installed on the service line/lines providing the water to the premises (premises isolation)? YES NO

NOTE: if there is more than one water service on the permises then please use a separate sheet to record.

If yes, please complete the following information:

Device Type: _____ Size: _____ Manufacturer: _____

Model: _____ Serial #: _____

Installation location of device: _____

Installation Date: _____

2 Is there an expansion tank installed? YES NO

3 Is there a bypass around the premises isolation device? YES NO

5 If a premise isolation device is present, is the device being inspected annually? YES NO

6 Assessment of risk, as per Schedule 'A' of the Bylaw, Classification Guide to Degree of Hazards :
 Moderate Severe

QUALIFIED PERSON/OWNER

I hereby certify that, to the best of my knowledge, all of the preceding information gathered on this survey is accurate and true. (NOTE: both the Certified Tester and Owner (or Representative) must sign this survey form.

1 Certified Tester: _____ Company: _____
Signature: _____ Date: _____

2 Owner: _____ Title: _____
Signature: _____ Date: _____



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DETAILED DRAWING - PIPING SYSTEM
CITY OF SARNIA

Note: Required only if plumbing as-builts drawing not available for review by Certified Tester.
Provide incoming service details.

This property is in compliance with the City's By-law Number 89 of 2016?
 YES NO (check one, even if as-built is provided)

*****Please note non-compliance if any*****

I hereby certify that, to the best of my knowledge, all of the preceding information gathered on this survey is accurate and true.

Certified Tester: _____ Company: _____

Signature: _____ Date: _____